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U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
v.)
)
EDWARD D. DEHAAS, M.D.,)
)
Defendant.)
)

INFORMATION

CASE NO. **5:06CR0362**

JUDGE BOYKO

Title 21 United States Code, Sections
841(a) and 841(b)(1)(D)

MAG. JUDGE HEMANN

COUNT ONE
(Distribution of Controlled Substances)

The United States Attorney charges:

Statutory Allegation

1. From at least in or about February 2003, through on or about December 16, 2003, in the Northern District of Ohio, EDWARD D. DEHAAS, M.D., the defendant, unlawfully, intentionally, and knowingly did distribute a controlled substance, to wit, DEHAAS prescribed mixtures and substances containing a detectable amount of

hydrocodone (a Schedule III controlled substance) for various individuals in a manner outside the scope of professional practice and not for legitimate medical purposes.

(Distribution Outside the Scope of Professional Practice)

2. DEHAAS was the founder of PPMO and one of two physicians who worked there. PPMO described itself as a pain management clinic and was located in New Philadelphia, Ohio. PPMO was a cash-only business and would not accept third-party billing to patients' insurance companies. Patients were charged \$198 for an initial visit and \$148 per follow-up visit.

3. Over 90 percent of PPMO patients were from outside the state of Ohio. Approximately 86 percent of the patients were from Kentucky, while approximately 5 percent were from West Virginia. The average distance that patients traveled to PPMO was approximately 537 miles, which is a 10 to 12 hour round-trip by car. Many patients would travel together by car; some drivers with carloads of patients were seen at the PPMO premises several times a week. A number of patients were from the same family.

4. During the relevant time period, PPMO had approximately 2700 patients. The patients were allowed to sign a form to refuse lab tests. The vast majority of patients, regardless of age, received the same drug regimen: prescriptions for hydrocodone (a schedule III controlled substance) and carisoprodol, a highly abused prescription drug. The defendant, DEHAAS, was aware that hydrocodone was a highly abused drug in Kentucky and that the street price was \$7, per tablet.

5. As part of the practice and in order to lend legitimacy to the controlled substance distribution, the defendant, DEHAAS, arranged for area chiropractors to assume the responsibility of the patients' primary care doctor so that DEHAAS could "legally" be the patients' pain management specialist. During the relevant time period, DEHAAS would refer PPMO patients to the chiropractors. After examination, the chiropractor would refer the patient directly back to PPMO and DEHAAS for pain management treatment. Because the majority of patients lived outside Ohio, the chiropractor would be required to examine the patient and refer him/her back to PPMO and DEHAAS on that same day. The chiropractor was required to fax their "referral" to PPMO before DEHAAS and PPMO could "treat" them. This enabled the patients to return home without the need of an overnight stay in Ohio.

6. DEHAAS also went around to area pharmacies to find ones that would be willing to fill the majority of the prescriptions from PPMO. Many pharmacies declined to fill PPMO prescriptions, with the exception of several area pharmacies, including Strasburg Pharmacy and Dusini Pharmacy. Most PPMO patient prescriptions were telephoned into these two pharmacies.

7. In less than eleven months, PPMO and pharmaceutical records reflect that PPMO distributed approximately 1,457,250 dosage units of hydrocodone 10mg (a schedule III controlled substance), by issuing approximately 10,215 prescriptions, each commonly written for 150 dosage units. PPMO also distributed approximately 613,236

dosage units of carisoprodol (sometimes referred to as "Soma"), a highly abused prescription drug, by issuing approximately 9,863 prescriptions. All other drugs prescribed at the clinic combined, totaled less than 35,000 dosage units, many of which were for PPMO employees, prescriber family members, or for prescribers themselves.

8. PPMO and DEHAAS often prescribed hydrocodone tablets by color, "green" or "blue," based upon a patient's request. Pill colors are common street slang for controlled substances and facilitate illegal street sales.

9. PPMO solicited patients through advertisements. PPMO distributed a flier/brochure that, among other things, provided out-of-state patients with a toll free telephone number for PPMO, contained driving directions from as far away as Paintsville and Inez, Kentucky, and contained a listing of area motels. For office purposes only, PPMO maintained a list of pharmacists that would fill PPMO prescriptions (with a listing of which pill colors the pharmacists carried) and a list of chiropractors that the PPMO patients could use to obtain the required "referral" to PPMO.

All in violation of Title 21, United States Code, Sections 841(a) and 841(b)(1)(D).

GREGORY A. WHITE
UNITED STATES ATTORNEY